

Name In Full

Certificate of Death

Matthias Bailey

Town

County

Died at Near Mandula, Wisconsin

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
06	4	7	80	0	0	0	Ind	Farmer
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				3

Husband of

Wife Mary, Bailey

Father's Name	Mother's Maiden Name
don't know	

Cause of Death	Primary	How long sick
Death	old age	2 weeks
	Immediate	Accident, Suicide, Homicide

Reported by Isaac L. English

Address Mandula sps Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant Not Named Chatham 4/22/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wheatland</i>		Town <i>Wheatland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>6th</i>		Age <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Wheatland</i>			
Occupation <i>---</i>				Where Residing If not at place of death <i>---</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>John H. Chatham</i>				Fether's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Rosa Hastings</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving In formation <i>W. W. Chatham</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Bleeding of the navel</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Geo. E. Heil</i>	
<i>no eng over</i>		Address <i>Salisbury</i>	
Accident or Suicide?		<i>Md.</i>	

Dr. J. I. Long of Allen Mo.

Attend the Mother and child. I had no means of getting a certificate from him as they sent to me for coffin. And took it away with them on very short notice

Geo. C. Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>23rd</i>	Age <i>72</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Del.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jonathan T. Culver</i>				
Father's Name <i>Joseph Palmer</i>	Father's Birthplace <i>Del.</i>				
Mother's Maiden Name <i>Martha Hastings</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Joseph G. McAllister</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sudden, Cause unknown.</i>	How long
Immediate <i>Patient was dead when seen</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W Morris</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Charles Point</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>29th</i>	Age <i>76</i>	Years	Months <i>---</i>	Days <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Baltimore Md.</i>
Occupation	<i>Carpenter</i>			Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Mariah E. Dailey</i>				
Father's Name	<i>James Dailey</i>					Father's Birthplace	<i>---</i>
Mother's Maiden Name	<i>Not Known</i>					Mother's Birthplace	<i>Not Known</i>
Name of person giving In formation	<i>Capt. S. P. Jenkins</i>					How related to deceased	<i>Son in Law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Disease</i>	How long	<i>19</i>	<i>Don't Know</i>
Immediate	<i>(Only saw pt once)</i>			
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. M. Lemons M.D.</i>	
		Address	<i>Salisbury Md</i>	
Accident or Suicide?				



Name
in
Full

No name

Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1906	Month	Apr.	Day	17
Sex	Male	Color or Race	White	Age	Years
Occupation			Where Residing If not at place of death	Months	Days
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>J. C. Davis.</i>		Father's Birthplace		
Mother's Maiden Name	<i>Bettie Hastings</i>		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(Infectious)</i>	How long	
Immediate	<i>Don't know, I'd not see</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis Worcester M.D.</i>		
	Address <i>Salisbury Md.</i>		
Accident or Suicide?			



Name
in
Full

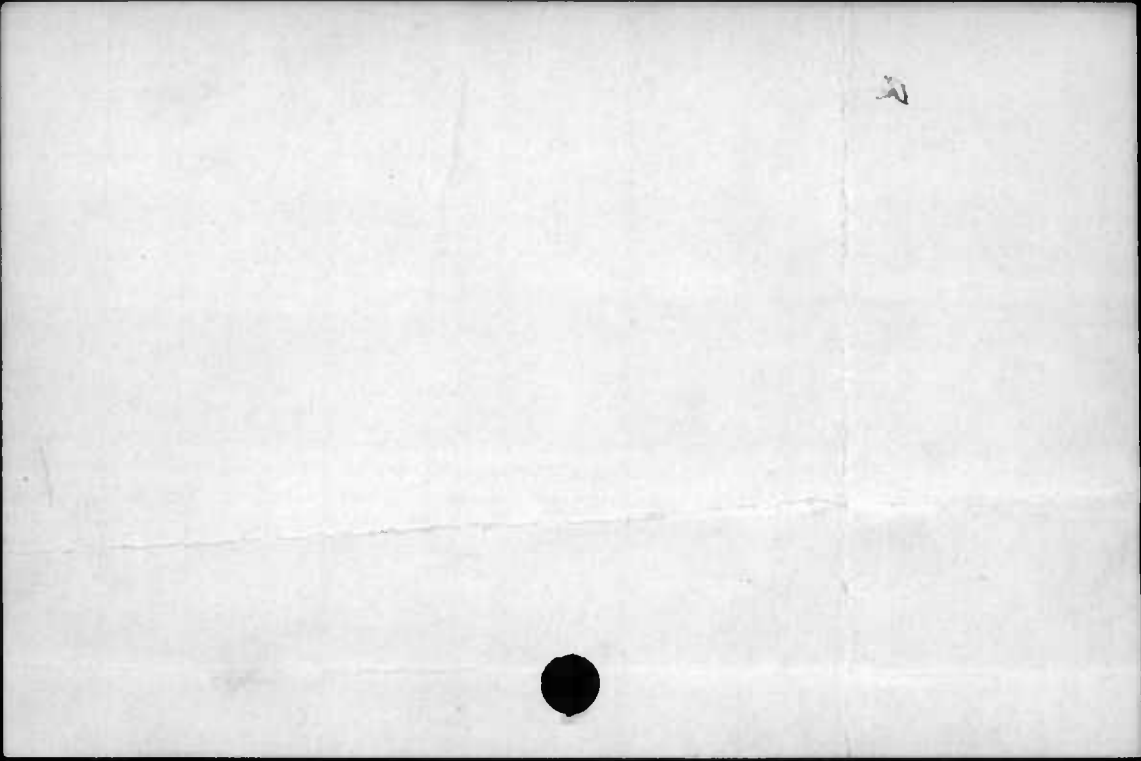
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitolia</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	1906	Month	4	Day	29
Age	75	Years	11	Months	13
Sex	Male	Color or Race	white	Birth-place	Delaware
Occupation	Farmer	Where Residing if not at place of death			
Married, single or widowed	Name of Wife or Husband <i>Sarah E. Davis</i>				
Father's Name	<i>Harry Davis</i>			Father's Birthplace	Delaware
Mother's Maiden Name	<i>Rachel Thomson</i>			Mother's Birthplace	Delaware
Name of person giving information	<i>Arthur Davis</i>			How related to deceased	Son

CAUSES OF DEATH

Primary	<i>Acute Bronchitis</i>	How long	<i>1 week</i>
Immediate	<i>Asphyxia</i>	How long	<i>The</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Bishop</i>	
		Address <i>Wicomico</i>	
Accident or Suicide?		<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ebenezer Gravenor		Town Salisbury		County Wicomico		MARYLAND			
Died at Salisbury		Date of death 1906 April 1		Age 67 1/2		Months 7		Days 16	
Sex male		Color or Race White		Birth-place Md					
Occupation Laborer		Where Residing if not at place of death							
Married, Single or Widowed Single		Name of Wife or Husband Belle Gravenor							
Father's Name Isaac Gravenor		Father's Birthplace Md							
Mother's Maiden Name Polly Venables		Mother's Birthplace Md							
Name of person giving information Henry Gravenor		How related to deceased Son							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic suppurative	How long 1 year or longer
Immediate Pulmonary edema	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. [Signature]
	Address Salisbury, Md.
Accident or Suicide? no	



Name
in
Full

William George Grier

CERTIFICATE OF DEATH

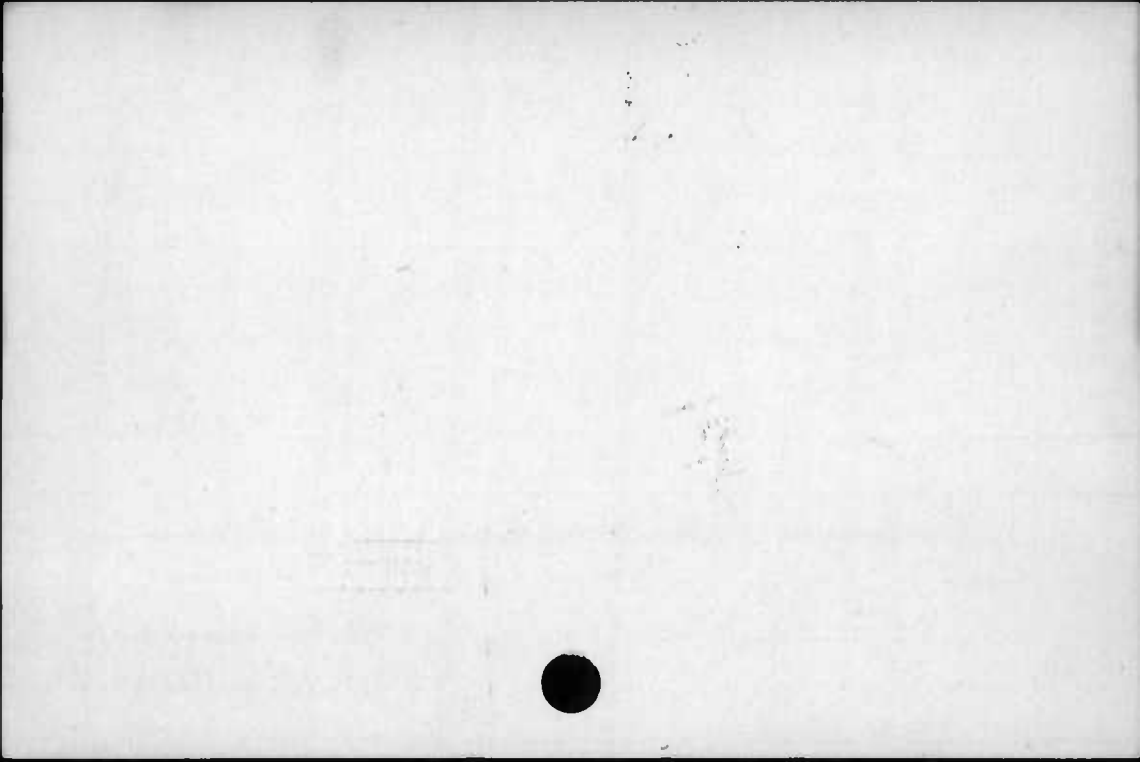
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>april</i> ^{Month}	<i>30th</i> ^{Day}	Age - <i>63</i> ^{Years}	<i>0</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Occupation <i>Machinist</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elma Collins Grier</i>				
Father's Name <i>George D. Grier</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Ann Smith</i> At	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Robert D. Grier</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal regurgitation</i>	How long <i>79</i> ⁷⁹ <i>6 years</i>
Immediate <i>Anaesthesia with warming</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. [Signature]</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

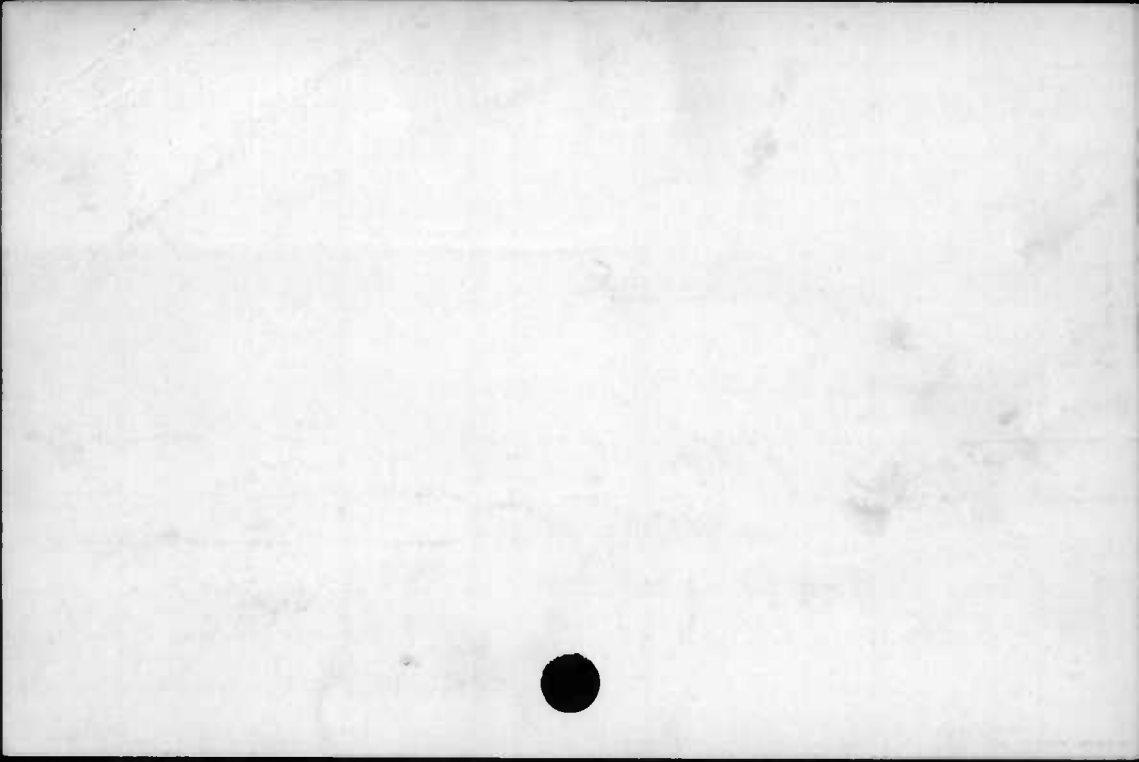
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary M Hayman</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		City <i>Salisbury</i>	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>7</i>	
Age <i>72</i>		Years <i>4</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thomas J Hayman</i>			
Father's Name <i>Josiah Hayman</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rebecca Morris</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Thomas J Hayman</i>		How related to deceased <i>husband</i>			

CAUSES OF DEATH

Primary	<i>Ectenites & Drunken</i>	How long	<i>10 years</i>
Immediate	<i>Inanition</i>	How long	<i>1900s.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. M. Clements M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Robert A Henry

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1906

April

6

Age

8

6

Sex

male

Color or
Race

Black

Birth-
place

Salisbury Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward A Henry

Father's
Birthplace

Md

Mother's
Maiden Name

Bessie Howard

Mother's
Birthplace

Md

Name of person giving
In formation

Edward A Henry

How related
to deceased

Father

CAUSES OF DEATH

Primary

Congenital Syphilis (?)

How long

Immediate

Infant born - died at age 8 years 6 months before death

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. S. Humphreys,
Salisbury

Accident or Suicide?

No.

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

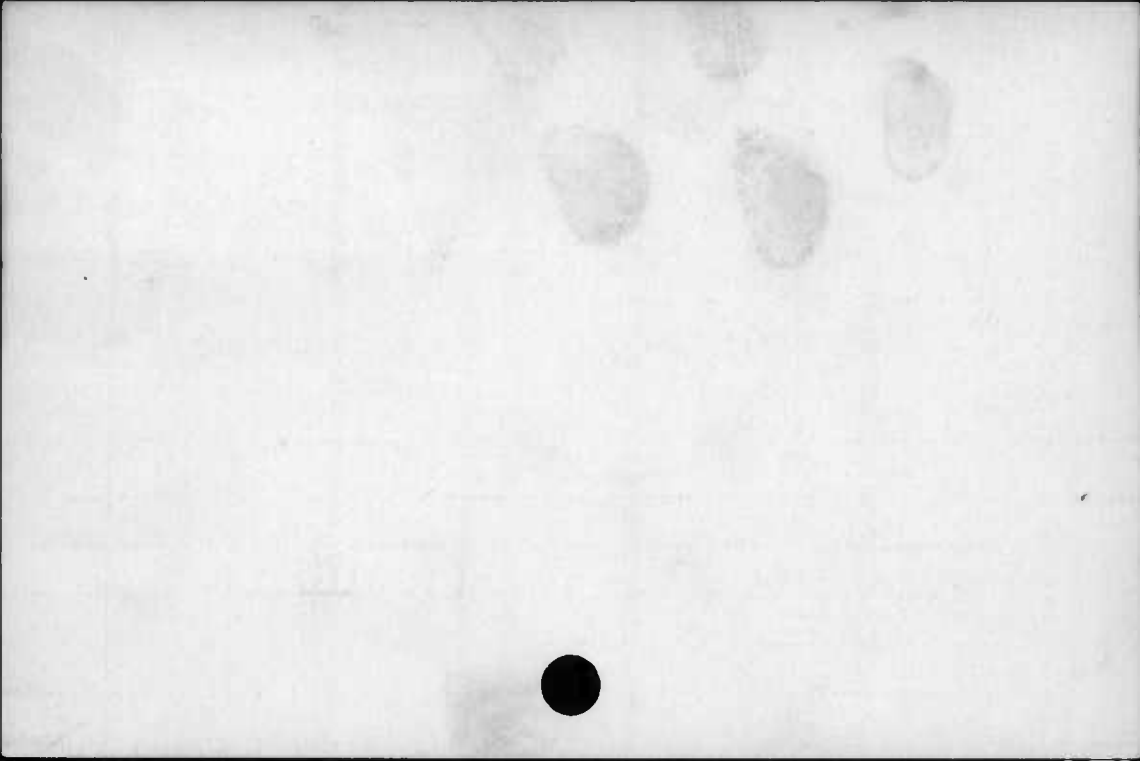
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Myra E. Howard</i>		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Hebron</i>		<i>1906 April 15</i>		<i>10</i>		<i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Hardale Md.</i>			
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Wm F. Howard</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Alpha Baker</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>Frederick W. Howard</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia & Suffer</i>	How long	<i>2 week days</i>
Immediate	<i>Pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Todd</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

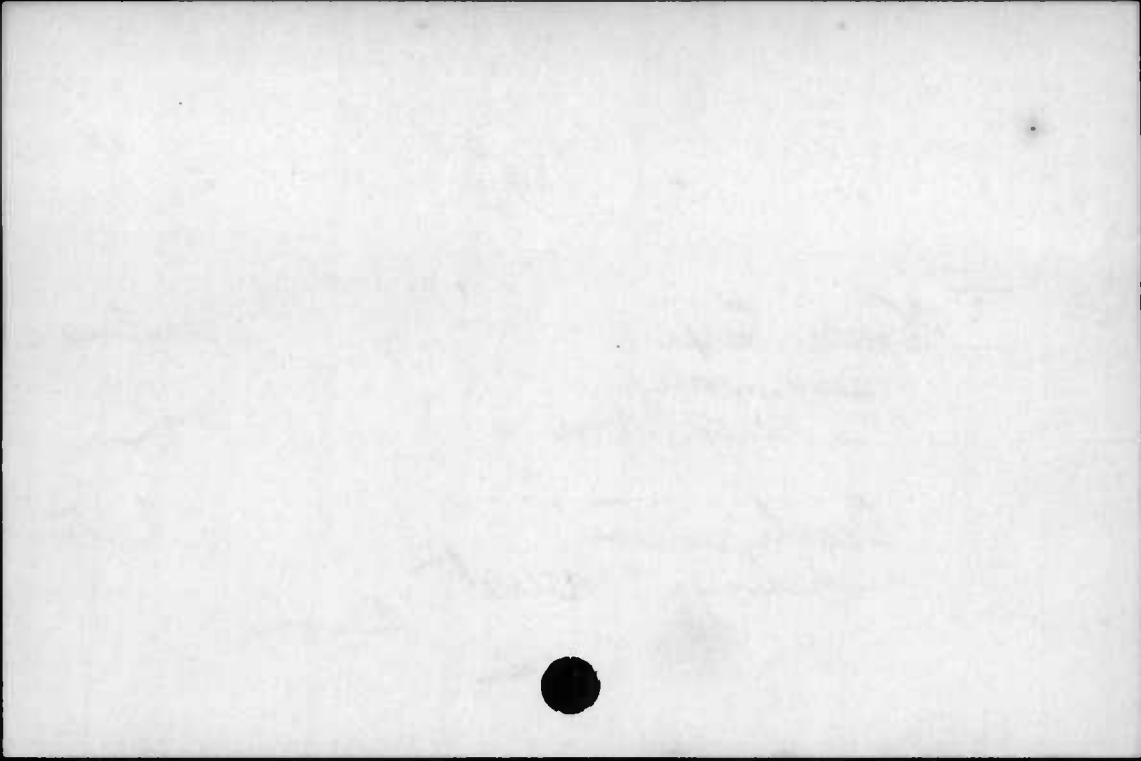
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Margaret E Johnson</i>		Town <i>near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>near Salisbury</i>		Month <i>April</i>		Day <i>21</i>		Years <i>60</i>	
Date of death <i>1906 April 21</i>		Age <i>60</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>James E Johnson</i>					
Father's Name <i>John Parsons</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nancy Capes</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>James E Johnson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Hemorrhage -</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mary Tully</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			County			MARYLAND		
Date of death		Month	Day	Age	Years	Months		Days
1906		4	18	5-3				19
Sex		Color Race		Birth-place				
Male		Color		Marian				
Occupation				Where Residing If not at place of death				
Farmer				"				
Married, Single or Widowed				Name of Wife or Husband				
				Mary J. Jones				
Father's Name				Father's Birthplace				
Henry Jones				Maryland				
Mother's Maiden Name				Mother's Birthplace				
Mary Jones				"				
Name of person giving information				How related to deceased				
Mary J. Jones				wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	4 months
Immediate	Affection of Heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		L. Lankford	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Sylvester G Maddox

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date of death 1906 April

16 Day

Age

61 Years

3 Months

16 Days

Sex male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Girdletrus Md

Married, ~~Single~~
or ~~Widowed~~

Name of Wife or

Leah G Maddox

Father's
Name

Benjamin Maddox

Father's
Birthplace

Md

Mother's
Maiden Name

Sallie Whit

Mother's
Birthplace

Md

Name of person giving
information

Leah G Maddox

How related
to deceased

wife

CAUSES OF DEATH

Primary

Brights disease & Cystitis

How long

dont know

Immediate

Nreemia

How long

3 or 4 days

Are the name, age, sex, color, date
and place correctly given above?

yes?

Signature of
Physician

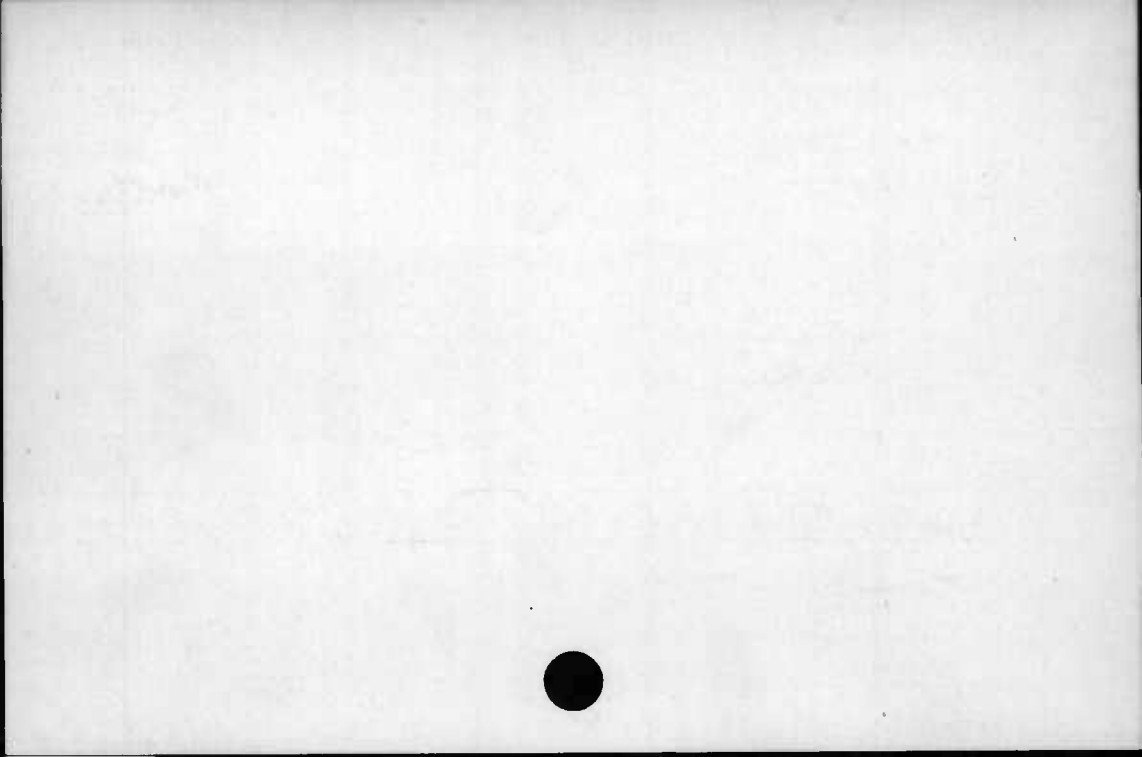
Geo. W. Todd

Address

Salisbury Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

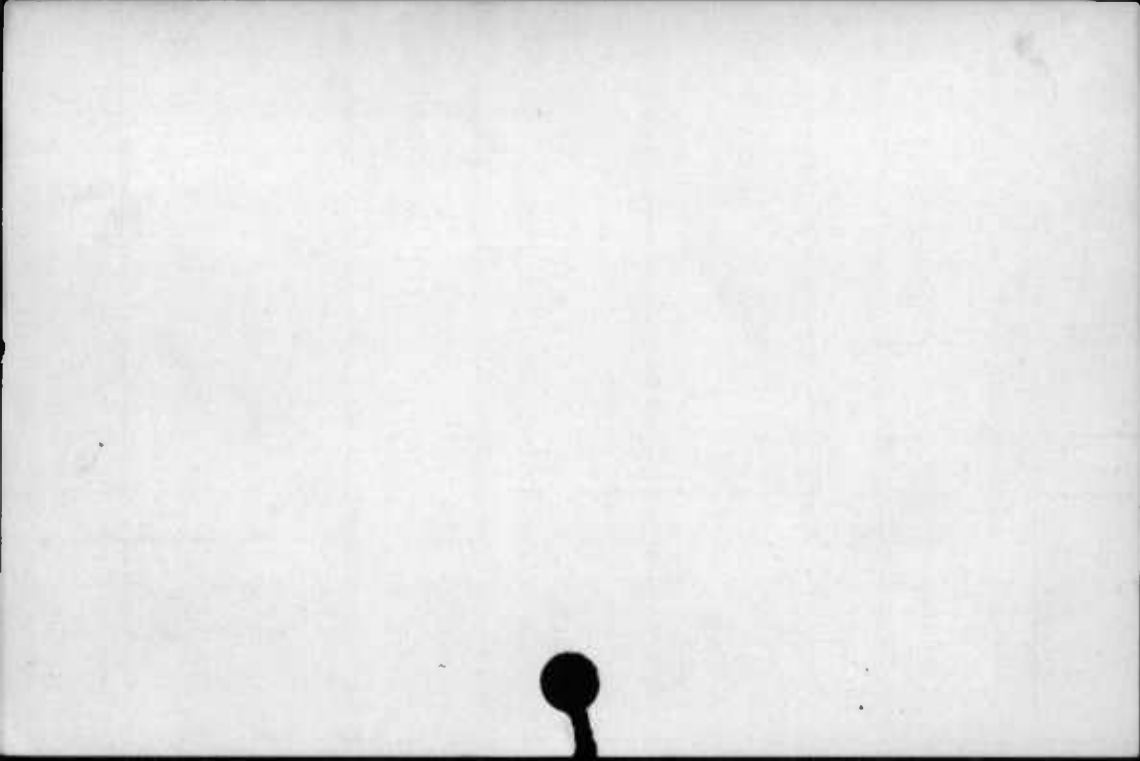
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marshfield</i>		County <i>Nicomico</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>28</i>	Age <i>82</i>	Years <i>82</i>	Months <i>8</i>	Days <i>7</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Near Allen</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah Jane Malone</i>					
Father's Name <i>Robert Malone</i>		Father's Birthplace					
Mother's Maiden Name <i>Susan Sutton</i>		Mother's Birthplace					
Name of person giving information <i>Elizabeth Malone</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>154</i>
Immediate <i>Inanition</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Clemmons</i>
<i>filed 1906</i>	Address <i>Dalisbury Md</i>
Accident or Suicide?	



Name

in
Full

Sussie Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		April	14	33			
Sex	Female		Color or Race	White		Birth-place	Sharplown
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	James Groomington					Father's Birthplace	Del
Mother's Maiden Name	Jasemith English					Mother's Birthplace	"
Name of person giving information	Asemith Lowe					How related to deceased	Son/daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Cardiac failure	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. H. Cassaway
		Address	Sharplown Md
Accident or Suicide?			



Name
in
Full

Thomas W. Records

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>7th</i>	Age <i>26</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>None</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Willard S. Records</i>	Father's Birthplace <i>"</i>				
Mother's Maiden Name <i>Lucinda E. Collins</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Lucinda E. Collins</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonalis</i>	How long <i>don't know</i>
Immediate <i>Tubercular & focal Meningitis</i>	How long <i>few days?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Betsy Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

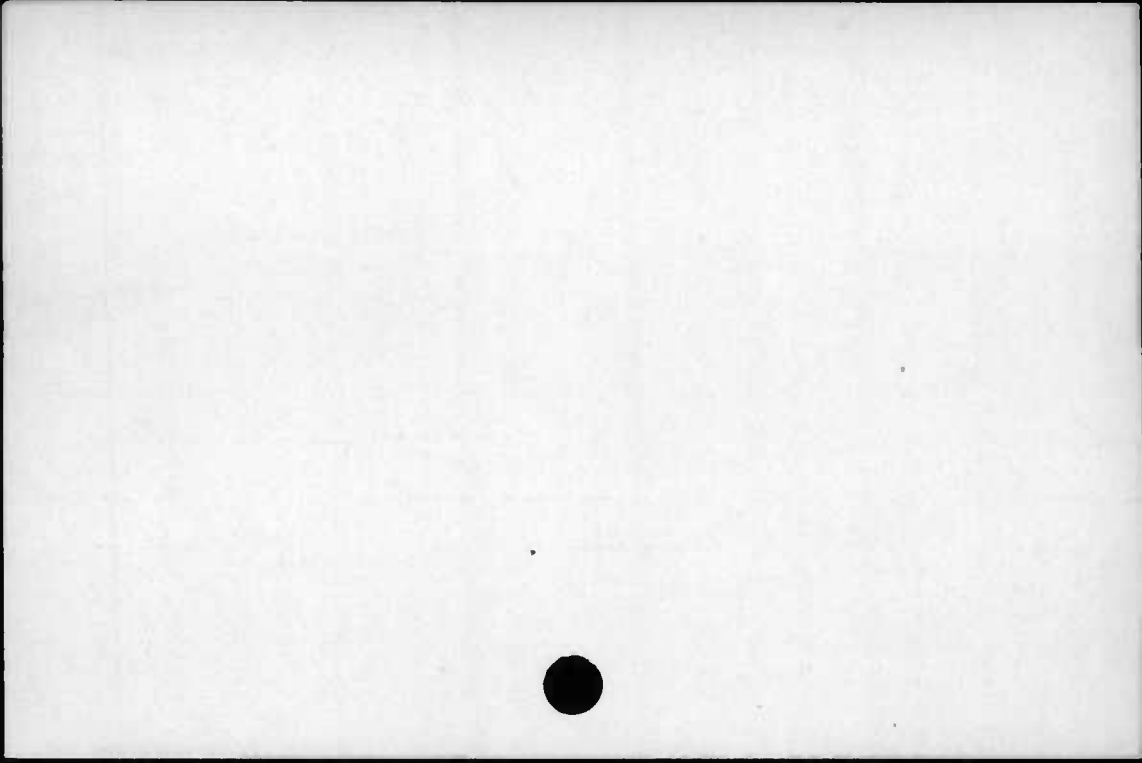
Died at		Town Sharplown		County Wicomico		MARYLAND	
Date of death		1906	Month April	Day 2	Age 54	Years	Months —
Sex Female		Color or Race White		Birth- place Sharplown			
Occupation Housewife				Where Residing If not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

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CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion (acute)	How long	1 day
Immediate	Comminution	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. B. Gossman	
		Address Sharplown Md	
Accident or Suicide?			



Name
in
Full

Benjamin T Ruby

CERTIFICATE OF DEATH

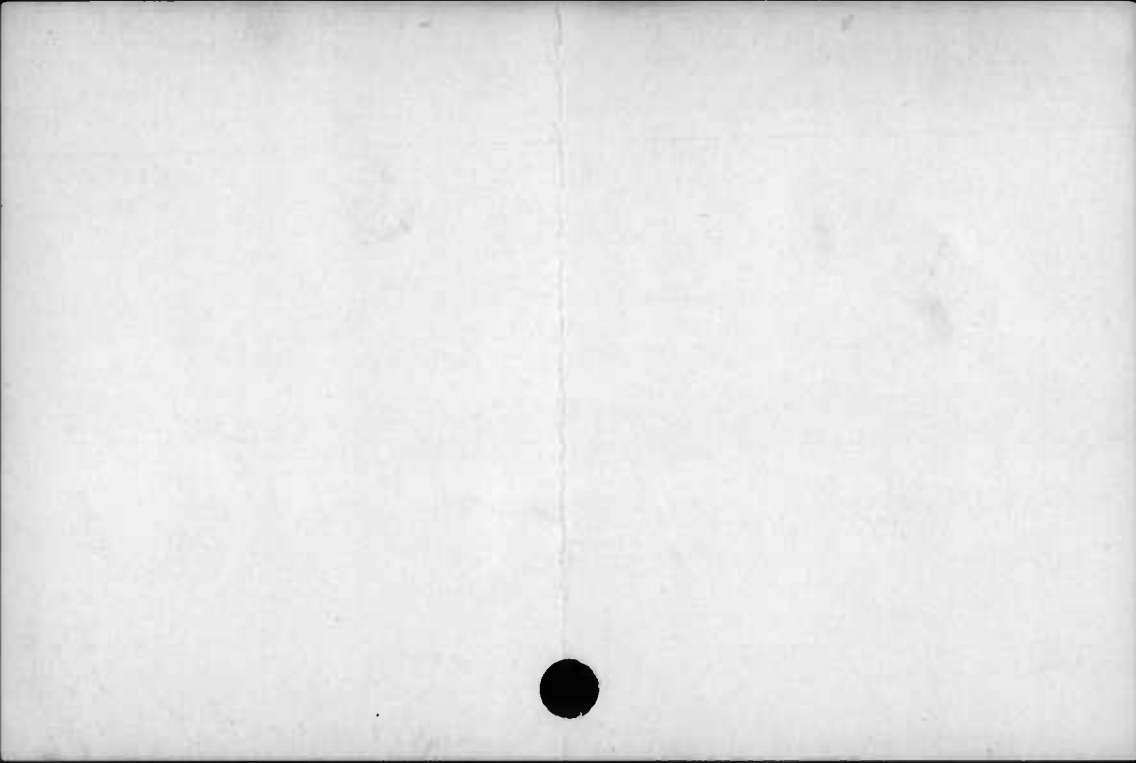
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Parsonsburg</u>		County <u>Micomin</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>30</u>	Age <u>63</u>	Months <u>11</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>West Va</u>		
Occupation <u>Lumber</u>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or <u>Husband</u> <u>Liza Ruby</u>			
Father's Name <u>Benjamin Ruby</u>		Father's Birthplace <u>West Va</u>			
Mother's Maiden Name <u>Sarah Clark</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Liza Ruby</u>		<u>(27)</u>		How related to deceased <u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>25 or 30 yrs.</u>
Immediate <u>Exhaustion (is all I know)</u>	How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Geo. H. Jewett</u>
	Address <u>Parsonsburg Md.</u>
	<u>Micomin Co</u>
<u>Accident or Suicide?</u>	



Name
in
Full

William H. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town			<i>Wicomico</i> County			MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>24</i>	Age	<i>34</i>	Years	Months <i>10</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Salisbury Md.</i>
Occupation	<i>Brick Mason</i>			Where Residing if not at place of death			<i>At his Father's Home</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John R. Taylor</i>					Father's Birthplace	<i>Wicomico Co. Md.</i>
Mother's Maiden Name	<i>Sally A. Howeth</i>					Mother's Birthplace	<i>Dorchester " "</i>
Name of person giving information	<i>John R. Taylor</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>56</i>
Immediate	<i>think some drugs</i>	How long	<i>about 1 year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo. M. Todd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rebecca J. Tighman</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>April</i>		Day <i>7</i>		Years <i>80</i>	
Date of death <i>1906 April 7</i>		Months <i>10</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Oliver W. Tighman</i>					
Father's Name <i>Capt. Chas. J. Cantwell</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>James W. Brown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Jennie O. Turpin</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interstitial nephritis</i>	How long <i>2 years (?)</i>
Immediate <i>Oedema of lungs</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. McPherson</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

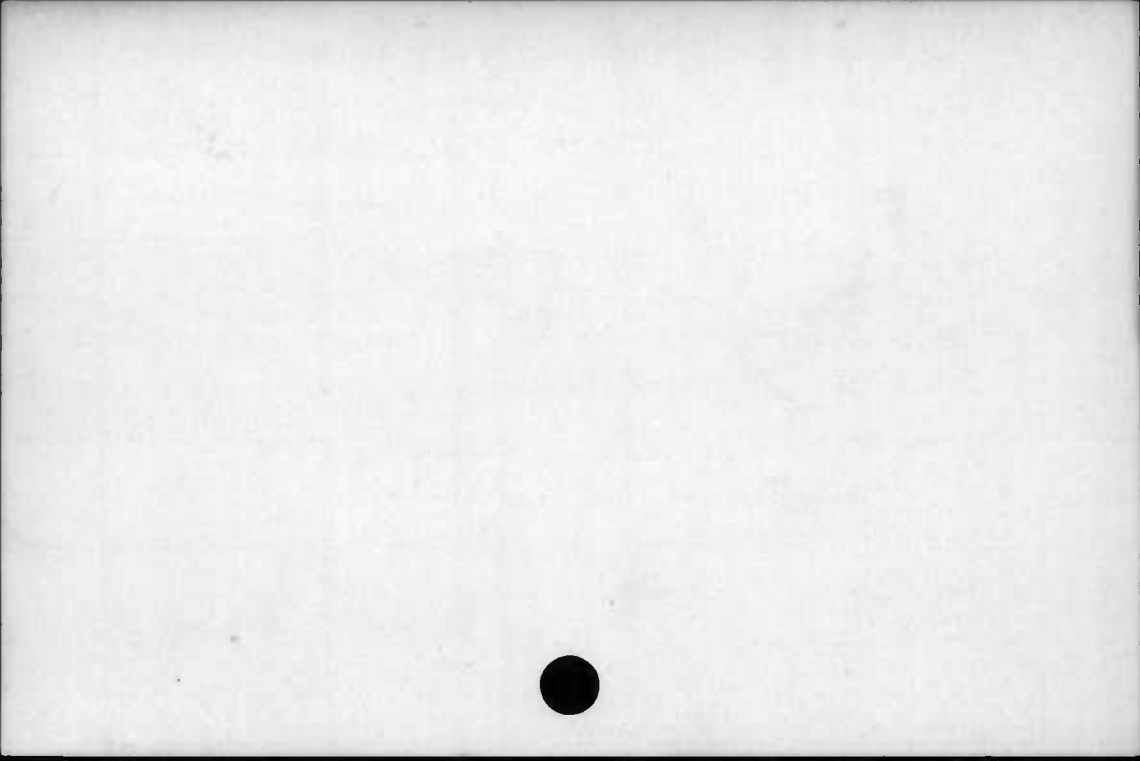
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant Toadvine (Not Named)</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>1st</i>		Years <i>1906</i>	
Date of death		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation		Where Residing if not at place of death					
Married Single or Widowed		Name of Wife or Husband					
Father's Name <i>Geo. W. Toadvine</i>		Father's Birthplace <i>Somerset Co. Md.</i>					
Mother's Maiden Name <i>Mary E. Cox</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Geo. W. Toadvine</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born -</i>	How long <i>S</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sam W. Morris M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Quantico* TownCounty *Wicomico*

MARYLAND

Date of death *1906* Month *April*Day *15*Age *55* Years

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*near Salisbury Md*

Occupation

*Wife*Where Residing if not
at place of death*Quantico Md*Married, ~~Single~~
or WidowedName of Writer
Husband*John West*Father's
Name*Don't know*Father's
Birthplace*Don't know*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Don't know*Name of person giving
information*John West*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

*Cancer**(45)*

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm H H Dashiell*

Address

Quantico Md

Accident or Suicide?

